

10/585335

1AP20 Rec'd PCT/PTO 06 JUL 2006

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	USE OF PILOCARPINE FOR HYPOPTYALISM TREATMENT
Attorney Docket Number::	0540-1061
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PHILIPPE  
Middle Name::  
Family Name:: PEROVITCH  
Name Suffix::  
City of Residence:: LEGE CAP FERRET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 9 RUE DES MARINS - LES JACQUETS  
Address::  
City of Mailing Address:: LEGE CAP FERRET  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33980

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MARC  
Middle Name::  
Family Name:: MAURY  
Name Suffix::  
City of Residence:: SAINT MEDARD EN JALLES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 21 RUE LOUIS JOUVET  
Address::  
City of Mailing Address:: SAINT MEDARD EN JALLES

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33160

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name::  
Family Name:: DEYMES  
Name Suffix::  
City of Residence:: BORDEAUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 9 RUE FRANTZ DESPAGNET  
Address::  
City of Mailing Address:: BORDEAUX  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-33000

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/050012	1/7/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	04 50050	1/9/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::